

4353



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4353 Name Joseph Francis Corps 4th

Questions to be put to the Recruit before Enlistment.

1. What is your name? Joseph Francis
2. What is your full Address? St. John's
3. Are you a British Subject? Yes
4. What is your age? 22 Years 9 Months
5. What is your Trade or Calling? Superman
6. Are you Married? No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? No
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. Are you willing to be enlisted for General Service? Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... } 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. Yes

Joseph Francis do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Joseph Francis SIGNATURE OF RECRUIT.
Edmund Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Joseph Francis do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this 15 day of July 1915
Signature of Attesting Officer W. B.

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the 4th.
If enlisted by special authority, such will be attached to the original attestation.

Date.....191..... }
Place..... } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

DESCRIPTIVE REPORT ON ENLISTMENT

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Joseph Francis
 Apparent age 22 years 6 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 36 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Caron Francis
Saults St. 110 | Relationship Father
 Particulars as to Marriage _____

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>25-2-18.</u>									
Joined at <u>St. John's</u> on <u>February 25-1918</u>									
Exchanged July 1919									
<u>Embarked St. John's train to Halifax N.S. 28-1-18. Embarked for B.C. 31-5-18. Joined B.C. 5-9-18. Arrived in B.C. from B.C. for re-embarkation 23-4-1919. To Newfoundland for demobilization 22-5-19. Arrived Newfoundland 1-6-1919.</u>									
<u>Demobilization St. John's</u>									<u>3-7-1919</u>
Total Service forfeited as above.....									

Total Service towards Engagement to 3-7-1919 (date of discharge) 1 years 129 days
 " " Pensions " " " " " " " " " " " "

②
C.R. 4353

Excerpt from Daily Orders part II, Unit the 2nd Div. A.
dated July 5th. 1919.

The discharge of the interned on demobilization has
been FURNISHED by C.S./c Records on noted date.

4 353 Pte. Jos. Francis.

5-7-19.

C.R. 4353

Extract from Daily Orders Part 11 Units ~~of~~ The Royal Nfld.
Regt. Depot, St. John's, June 9th.1919

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot, with effect from 18-6-19

4353 Pts. J. Francis.

C.R. 4353

Extract from Daily Orders Part A1 Depot, St. Johns,

Date June 7th 1919

~~4353~~ Pte, J. Francis

4353

Reported at Headquarters 1-6-19. ex "Corsican"
which sailed Liverpool May 22/1919.

C.R. 4353

Extract from Nominal Roll Book 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rosen Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#4353 Pte. J. Francis.

C.R. 4353

Extract from O.R.D.E.R.S. by Lt. Col. G. Mathias, D.S.O.,
Commanding 1st Battalion, Royal Newfoundland Regiment,
dated 5/9/18.

The following arrived to-day and is posted to Company as
under (A. Coy.).

4353, Pte. J. Francis.

C.R. 4353

Extract from Nominal Roll Draft of 51, 1861 to H.M.F. Embarked
Folkestone, 51-2-18.

4353 Pte. Francis J.

C.R. 4353

Extract from Nominal Roll Embarked St. John's for Overseas,
Mar. 20, 1918.

4353 Pte. Francis J.

C.R. 4353

Extract of Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, Headquarters, St. John's,
dated February 25, 1918.

#4353 Pte. J. Francis.

Attested for General Service with the 1st Newfoundland
Regiment, with effect from 25/2/18.

J. Francis

C.R. 4353

~~P.F.O.~~

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4853* 3. Rank. *Plt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Francis J.* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday *23*
6. Posted for duty on *18.2.15* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | | |
|--------------------------------------------------------------------|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war | } <i>na</i> | |
| (ii.) Previous active service.. .. . | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the man's part. } | | |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *nel.*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

no complaints of no disability

16. Was an operation performed? If so, when and what was its nature? *na*

17. If not, was an operation advised and declined? *na*

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? *na*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *na*

20. Do you recommend—

- (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation

W. B. Prentiss *Capt RMC*
 Medical Officer in charge of case.

Station *Hazley D. Camp*

Date *29. 11. 19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

No. 13135/1329

N.F.P./79.

From:

NEWFOUNDLAND CONTINGENT

Chief Paymaster & O. 1/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1

Officer Commanding,

2/Bn. R. Newfoundland Regt.
Winchester.

15th, August 1918

Subject: 4353, Pte. J. Francis D

With reference to the following telegram (7306) from the Hon. Minister of Militia, received

"Pay to 4353 Francis £6. 0. 0

Draft £6. 0. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

L. F. J. Marshall
Chief Paymaster & O. 1/c Records.

Receipt hereunder.

R. J. Boston LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Comdg. *2nd Batt'n*
Royal Newfoundland Regiment

Received the sum of Six
Pounds on account of
cable remittance from Newfoundland.

Francis J
No. 4353 Rank Private

Witness: *James R*



TO, - The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regtl.
No.

Rank

Name

Amount

Signature

4553

Plt

Francis J.

\$2.50

I have the honour to be, Sir,
~~for the Committee~~
Your obedient servant.

Date

June 26 1918

Francis

Francis J.

4353

May & Sept.

July 3, 1919

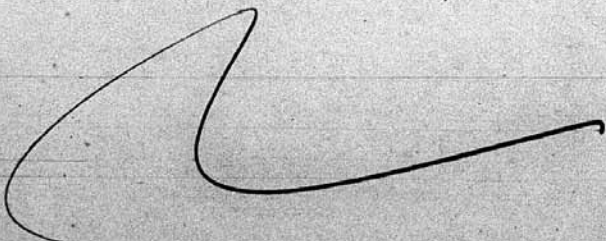
#4353 Pts. Joseph Frances,
Hants Harbor, T.B.

Dear Sir:-

Referring to your application I enclose
cheque for Seventy dollars (\$70.00), being amount
of first payment due you on account of the War
Service Gratuity

Yours truly

Captain
Paymaster & Officer i/c Records.



548

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration there must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- 1. Christian name *Joseph Francis* Surname.....
- 2. Rank... *Private*..... 4. Regt. No. *4353*.....
- 3. Address in full to which future payments of gratuity are to be forwarded... *Joseph Francis St. Ants. St. Trinity Bay*.....
- 6. Date of enlistment in the Regiment... *February 20th / 18*.....
- 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Union Francis.....
- 8. Relationship of such dependents... *Father*.....
- 9. Address in full of such dependents... *St. Ants. St. Trinity Bay*.....
- 10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.. *No*.....
- 11. Were you on active service only in Nfld. If so, give dates and particulars of such service.....
No.....
- 12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *1 Month in Nfld*.....
- 13. *14 Months Overseas*.....

Signature of Applicant: *Francis J. Hunt*
 Place of Residence: *Av. T. B.*
 Declared before me at: *St. Johns, Nfld*
 This *5th* day of *May* 19*19*

John McCarthy
J.P.

Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of affidavits.

POST DISCHARGE PAY.				
Date paid	Paid Soldier.	Paid Dependant.	War Service Gratuity.	Net amount due
.....
.....
.....
Certified correct.				Paymaster

August 9th 1919.

Mr. H. Francis,
Manuels. C.B.

Dear Sir:

Referring to your application, I enclose
cheque for seventy dollars (\$70.00) being amount
of first payment due you on account of War Service
Gratuity.

Yours truly,

Capt. & Paymaster.

RS/.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *Monroe* 2. Surname..... *Francis*
3. Rank..... *Pte* 4. Regtl. No..... *1386*
5. Address in full to which future payments of gratuity are to be forwarded..... *Monroes St*
6. Date of enlistment in the Regiment..... *May 2 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *no*
8. Relationship of such dependents..... */*
9. Address in full of such dependents..... */*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... */*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Fourteen months*
- 1.2

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

no

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

15. Have you been issued with a War Service Badge?

16. Have you, during the present war, served in the Imperial Forces?

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

(b) If so, was such reversion in consequence of misconduct or inefficiency?

19. Are you now serving in the R.A.F.? *no* If not give:- (i) Date of discharge *July 2/19* (ii) Reason for discharge *Remob*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

England

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

-3- *H Francis*

Signature of Applicant: •

Place of Residence: *Monrovia C.B.*

Declared before me at: *St Johns used*

This *19* day of *July* 19*19*.....

Signature of Barrister of the *John W. Carthy*
Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *J.P.*

POST DISCHARGE PAY.			Net amount due
Date paid	Widow Soldier. Dependents.	War Service Pension.	
.....
.....
.....
Certified correct.			Registrar

July 3, 1919

#4353 Pte. Joseph Francis,

Hants Harbor, T.B.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2282.

Yours truly

Captain,
Paymaster & Officer i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4353 Rank Plt Name Francis J
 Intended place of residence St. John's Harbor
 2. Occupation Fisherman
 Classification of soldier R Medical Category AI

3. The above named man is discharged in consequence of.....

DEMOBILIZATION

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place ST. JOHN'S
 Date JUN 4 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date ST. JOHN'S
JUN 4 1919
 Signature of soldier Francis J
 Signature of witness Amblestut

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S
4-6-19
 Signature of soldier J. Francis
 Signature of witness W. J. Calvey

STATEMENT OF SERVICE

7. Enlisted for service 25-2-18 No of days on Military
 Discharged from service 18-6-19 Plus 14 days Service 493

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S
JUN 18 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's, Nfld.
 Date July 2/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

CFB 2079/2282

3
31
30
21
20
2
28

The Royal Newfoundland Regiment

Class for Demobilization:—

F1

Report of Demobilization
Travelling Board, held on soldier for
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *4-5-19*

Regimental No. ... *4353*

Name ... *Francis Joseph* *Pte.*

Address *Hants St.*

Present Medical Category *A7*

Recommended for:— { (a) Immediate discharge
(b) ~~Standing Medical Board~~

Members of Board {

R.H. Jant Capt
O.C. Discharge Depot.

Paterson
Senior Medical Officer

W. Burden
M. O. Depot

2821
The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4353 Rank. Plt Name Francis Joseph
 Date of Enlistment 25.2.18 Address St. John's District St. John's
 Occupation Fisherman Classification for Discharge E Medical Category AI
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P/36.....	B 268.....	B 121.....	/	N.F. Med.....	D.F. 1.....	/
B 178.....	W 3494.....	B 122.....	/	Board 1st.....	" 2.....	
B 178a.....	D 400A.....	B 1915.....	/	do 2nd.....	" 3.....	3
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K.....		do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....			" 6.....	
B 179c.....	B 120.....	M 93.....				

Date 4.6.19 O. C. Discharge Depot. Francis

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable..... \$60.00

(b) Clothing Supplied..... Oliver

Date 4.6.19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 1385 to his home at Hants HI. and Release Certificate No. 224 issued.

Date 4-6-19

J.A. Snow Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 1-7-19

Date 4-6-19

H. H. H.
Depot Paymaster.

Discharge approved for 18-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	
F 178	W 3494	B 122	Board 1st	" 2	Form B
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 4-6-19

J.A. Snow Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 18 1919

R.H. Sait Capt.
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation

Signature of Man.

J. A. Snow Capt.
Signature of the Vocational Officer or his Representative.

Reg. No.

Francis J.

Place

St. Johns.

Date

4-6-19

191

1919

To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY

Surname Francis OF Christian Name Joseph

Table I.—GENERAL TABLE.

Birthplace:—Parish Hauts. H. I.B. County

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>25</u> day of <u>Feb</u> 191 <u>8</u>	on	day of	191
	at <u>Headquarters</u>	at		
Declared Age	<u>22</u> years <u>6</u> months		years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>6</u> inches		feet	inches
Weight	<u>136</u> lbs.			lbs.
Chest Measurement	<u>36 1/2</u> inches			inches
	<u>3 1/2</u> inches			inches
Physical Development				
Vaccination Marks	Arms			
	Number	<u>1 Scar</u>		
When Vaccinated				
Vision	R. E.—V= <u>6/6</u>		R. E.—V=	
	L. E.—V= <u>6/6</u>		L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>J. Smith</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St Johns St</u>	at		
	on <u>25</u> day of <u>Feb</u> 191 <u>8</u>	on	day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>Royal</u>	<u>4353</u>		
Transferred to	<u>King's Own</u>			
Became non-effective by				
	on	day of	191	on
(Signature)			day of	191
(Rank)				

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.) or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland* } 7. Former Trade or Occupation } *Fisherman.*
2. Regtl. No. *4300* 3. Rank. *Pte* } 7a. If the soldier claims previous service in Army, he should state—
4. Name *V. Mann* } (a) Former Regts. or Corps ;
(Surname) } with Regtl. Nos.
(Christian Names)
5. Age last birthday. *23*
6. Posted for duty on *18/2/18* at *St. John's*
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
nil
11. Date of origin of disability.
nil
12. Place of origin of disability.
nil
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

14. State whether the disabilities are

(a) attributable to

(b) aggravated by

- (i.) Service during the present war
- (ii.) Previous active service.. .. .
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the man's part. }

na
na

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

na

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

See Complaints of no disability

16. Was an operation performed? If so, when and what was its nature?

na

17. If not, was an operation advised and declined?

na

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

na

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

Repatriation

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

W. E. Proctor - Capt Rame
Medical Officer in charge of case.

Station ... Hazley, Linn

Date 29/1/19

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the Office Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full

Joseph Francis

Regiment from which discharged **Royal Newfoundland**

Regimental number *4353*

Intended address *Hants Ms*

Height on discharge *5* Feet *7*

Color of hair on discharge *Light*

Complexion *Ruddy*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *medium*

Christian name of Father *Aaron*

Christian name of Mother _____

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Hants Ms. June 15th 1895*

Nature and locality of civil employment required _____

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

Joseph Francis

Pte
(Rank)

Station

St Johns

Date

4-6-19

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Medical Officer i/c Hospital.
Unit, or Command Depot.

10 68⁵

Hants Harfave

5/1/20

Dear Sir

Just a word of Business
I wanted to no ofant this prize money
what is due to us who served in
this war from 1914 to 1918
Will you kindly oblige to send me my
paper

yours Sincerely

4353

Francis
Hants Har
Y B

M.S.G.?

280.00 M to Harfave Aldred

Hants B
July 25th / 20

Dear Sir:-

Please forward my
Discharged Pin

I am, Sir

Yours truly

J. Francis

#H353.

A. J.

4353

Hart's Harbor
May 7th 1918

542

Hon. J. R. Bennett

Dear Sir,

My son Joseph Francis, (who volunteered and was accepted in the 4th Regt. during February), told me before leaving that he was having about 15⁰⁰ worth come to my address, not having heard anything about it since he left. You would be oblige to advise me.

First Attachment
mailed to Aaron
on 7th of May,
Commenced
April 11th 1918

Yours truly
Aaron Francis
Father of
St. Joseph Francis

Receipt for Army Book 64

No. 4353 Name Francis

To Certify that I have received the AB 64 of the above named soldier.

Date.. July 25th 1920

Name.. Pte. Joseph Francis

Place.. Hants Br

7

N.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

_____ 1921.

The accompanying **Victory Medal** and/or **British War Medal**
is/are forwarded herewith to

Joseph Francis

in respect of his service as No. 4353 Rank Private

Name Joseph Francis Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received ~~(S. J. J.)~~ Badges

Signature Joseph Francis

Date Sept. 8th

Address Hants. No. 3. B.

[P.T.O.]

The Royal Newfoundland Regiment

DEMOLIBIZATION OF

Reg. No. 4253 Rank 114 Name Francis Joseph
 Date of Enlistment 25.2.18 Address St. Anthony's District Sandy
 Occupation Fisherman Classification for Discharge Medical Category AI
 Recommendation S.M.B. Disability Rating
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1.	1
B 178	W 3494	B 122	Board 1st.	" 2.	
B 178a	D 400A	B 1915	do 2nd.	" 3.	3
B 179	D 400B	Form L.	do 3rd.	" 4.	
B 179a	D 400C	Form K.	do 4th.	" 5.	
B 179b	B 103	ME 2		" 6.	
B 179c	B 120	M 93			

Date 4.6.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOLIBIZATION

i. Civil Re-Establishment.

I am in a position to resume civilian occupation.

J Francis

 Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$60.00

(b) Clothing Supplied

Date 4-6-19

O i/c. Re-clothing.

The Royal Newfoundland Regiment

DEMOLIBIZATION OF

Reg. No. 1253 Rank Plt Name Francis Joseph
 Date of Enlistment 25.2.18 Address St. John's District St. John's
 Occupation Sherman Classification for Discharge Medical Category AI
 Recommendation S.M.B. Disability Rating
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 4.6.19for J. M. St.
O. C. Discharge Depot.

PARTICULARS FOR DEMOLIBIZATION

i. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

a. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$60.00
 (b) Clothing Supplied None

Date 4-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 1385 to his home at Hants Hi. and Release Certificate No. 2248 issued.

Date 4-6-19 *J.A. Newell*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 157

Date 4-6-19 *H.M. [unclear]*
Depot Paymaster.

Discharge approved for 18-10-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P[36]	B 268	B 121	N.F. Med.	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	Form B
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 4-1-19 *J.A. Newell*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 18 1919 *[Signature]*
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date June 17 19 *James Mackey*
Genl Secy

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 1385 to his home at Hants Hi. and Release Certificate No. 2248 issued.

Date 4-6-19 *J.A. Snow Capt*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 1-7-19

Date 4-6-19 *H. H. H.*
Depot Paymaster.

Discharge approved for 18-10-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 4-6-19 *J.A. Snow Capt*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 18 1919 *J.A. Snow Capt*
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date June 17 19 *James G. ...*
James G. ...

Reg. No. *1313* Rank *lie* Name *J. Muth*
Attested Address *Sault Jr.*
Allotment Allottee
Date of Allotment Returned from Overseas *24. 1. 19.*
Returned on S.S. *Concepcion* Cause *Discharge*

4-6-19
18-6-19

PASSED TO DEPARTMENT OF THE ARMY
RECEIVED

DEPARTMENT OF VETERANS AFFAIRS
WAR VETERANS ALLOWANCE DISTRICT AUTHORITY

Address Mont

The Public Archives Records Centre,
Tunney's Pasture,
Ottawa 3, Ontario.

MARK YOUR REPLY:

Attention: Reference Section.

For attention of:

Re: FRANCIS Joseph Service No. 4353
(Surname) (Christian Names)

Veteran is stated to have served during S. African War () World War I (X)

To enable this WAR VETERANS ALLOWANCE DISTRICT AUTHORITY to determine the eligibility of the above-named, will you kindly furnish the following particulars:

1. UNITS (including that of discharge) HIGHEST RANK IN UNIT:
- (a) Royal Nfld Regt Pte.
- (b) _____
- (c) _____
- (d) _____
- (e) _____
- (f) _____
(If other than CEF please so designate following applicable unit)
- PUBLIC ARCHIVES RECORDS CENTRE
JUN 10 1962
OTTAWA, ONT., CANADA

2. THEATRES OF SERVICE

- (a) South African War
Date and port of embarkation _____
- (b) World War I - (If Canada only, state if with territorial limitations).
Canada - Burma - France
Date(s) embarked for U.K. _____
- IF CANADA AND U.K. ONLY
Date(s) disembarked in Canada from U.K. _____
Period(s) of desertion in U.K. _____

3. Any other military service. Nil
4. Date and place of all enlistments. 25 Feb 1918 - St John's, Nfld.
5. Date of all discharges and reason. 3 July 1919 - Demob.
6. Date and place of birth as per attestation paper. 15 June 1895 - Hants Harbour, Nfld.
7. Marital status; If married, name in full of wife. Single
8. Religion. Meth
9. Decorations, if any. Nil
- WVA 18.

Head, Reference Section.

